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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10561781 | <b>Applicant(s)/Patent Under Reexamination</b><br>OKA ET AL. |
|   | <b>Examiner</b><br>SUJOY K KUNDU           | <b>Art Unit</b><br>2863                                      |

| ORIGINAL           |                                   |          |   |   |   | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|---|---|---|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |   |   |   | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 702                |                                   | 2        |   |   |   | G                            | 0 | 1 | V | 3 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 702                | 1                                 | 3        | 4 | 5 | 6 |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 210                | 163                               | 221.2    |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |   |   |   |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| X   | 1        | X     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 2        | X     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 3        | X     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 4        | X     | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 5        | X     | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 6        | 1     | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| X   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| /SUJOY K KUNDU/<br>Examiner.Art Unit 2863<br><br>(Assistant Examiner)    | 02/10/2009<br>(Date) | <b>Total Claims Allowed:</b><br>1 |                        |
| /TUNG S LAU/<br>Primary Examiner.Art Unit 2863<br><br>(Primary Examiner) | 02/10/2009<br>(Date) | O.G. Print Claim(s)<br>22         | O.G. Print Figure<br>1 |